

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014236

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

247

Primary Registration District No.

4366

Registrar's No.

14

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Granby</b>		c. CITY OR TOWN <b>Granby</b> 0 7.30 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>Elizabeth</b> Last <b>Lane</b>		4. DATE OF DEATH Month <b>5</b> Day <b>4</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Sullivan, Indiana</b>	
13a. FATHER'S NAME <b>Lewis Pierce</b>		14. NAME OF HUSBAND OR WIFE <b>UK</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>Mrs. Christine Fischer Granby, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Toxemia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Diabetes Mellitus and arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days over 1 mo.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>/</b>	
20c. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION <b>Granby, Mo.</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21. I attended the deceased from <b>4/7/59</b> to <b>5/4/59</b> and last saw her alive on <b>5/4/59</b> Death occurred at <b>11:55</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>5/5/59</b>	
22a. SIGNATURE (Degree or title) <b>Charles O. Chester D.O.</b>		22b. ADDRESS <b>Granby, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-7-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Granby Memorial Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Granby, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Culver-Shewmake F.H.-Granby, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 6, 1959</b>	
26. REGISTRAR'S SIGNATURE <b>M. R. Young</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Other, however, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 19 1959

FILED  
MAY 8 1959  
FBI - MEMPHIS

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*Floyd E. Shumaker*

Licensed Embalmer No. ....

P. O. Address .....

4923

*Box 38 Granby, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.